

Bupa Care Services NZ Limited - Fergusson Rest Home & Hospital

CURRENT STATUS: 28-Sep-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Fergusson Rest Home and Hospital is part of the Bupa care facilities and provides hospital, rest home and dementia level care for up to 112 residents. On the day of the surveillance audit there were 41 of 41 hospital residents, 52 of 53 rest home residents and 16 of 18 residents in the secure dementia unit. The service has continued to implement a comprehensive quality and risk management system since previous audit. The service has long-standing and experienced staff and is managed by an experienced manager and clinical manager (both experienced registered nurses). They are supported by a team of registered nurses.

The service provides regular training sessions and competencies are completed by staff. All staff in the dementia unit have completed their dementia qualification and one is in the process of completing.

Improvements are required by the service around assessments, care plan documentation and wound care documentation.

AUDIT SUMMARY AS AT 28-SEP-11

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 28-Sep-11	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		No short falls

Organisational Management	Day of Audit 28-Sep-11	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		No short falls

Continuum of Service Delivery	Day of Audit 28-Sep-11	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 28-Sep-11	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 28-Sep-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 28-Sep-11	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		No short falls

AUDIT RESULTS AS AT 28-SEP-11

Consumer Rights

There is a policy to guide staff on the process to ensure full and frank open disclosure. Staff described open disclosure processes. Relatives interviewed stated that they are always informed when their family members health status changes. There is a complaints register that is up to date and includes relevant information regarding the complaint. A complaints management record is completed for each complaint. Documentation includes follow up letters and resolution. These demonstrate that complaints are well managed. Verbal complaints are also included and these identify actions and response.

Organisational Management

Fergusson has an established quality and risk management system. Quality and risk performance is reported across the facility meetings and also to the organisation management team. An annual resident/relative satisfaction survey is completed. There are regular family/resident meetings where people can raise issues. Key components of the quality management system link to the staff meetings.

Four benchmarking groups across the organisation are established for rest home, hospital, dementia, psychogeriatric/ mental health services. Fergusson continues to be benchmarked in three of these. Fergusson is benchmarked in three of these groups. Quality action forms are utilised at Fergusson. These document actions that have improved or enhanced a current process or system or actions which have improved outcomes or efficiencies in the facility. There is an active health and safety committee.

Discussion with staff and management confirmed there is a comprehensive in-service programme of training in relevant aspects of care and support and in relation to the

requirements. There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. Staff turnover is low.

Continuum of Service Delivery

There is sufficient information gained through the initial support plans, specific assessments, the short-term care plans, and the long term support plan to guide staff in the safe delivery of care to residents. Progress notes include input from caregivers and registered nurses. Residents and relatives are involved in care plan development and review. Files identified integration of allied health and a team approach is evident in the overall resident file.

Lifestyle care plans are goal oriented and reviewed six monthly. There are improvements required around assessments, care planning documentation and wound care documentation.

There is a wide range of activities offered that reflect the resident needs in the dementia, hospital and rest home, and participation is voluntary. The programme is comprehensive and designed for high end and low end cognitive functions and caters for the individual needs.

Medications are managed appropriately in line with accepted guidelines. The medications are stored in locked rooms in locked trolleys. Senior caregivers or registered nurses who have passed their competency are responsible for administering the medications. Residents' food preferences are identified at admission. This includes consideration of any particular dietary preferences or needs (including cultural needs). Likes and dislikes are kept in the kitchen.

Safe and Appropriate Environment

There is a current building warrant of fitness and maintenance is carried out.

Restraint Minimisation and Safe Practice

The service currently has four residents in the hospital requiring bedrails that have been assessed as enablers. There is an enabler register. The restraint standards are being implemented and implementation is reviewed through internal audits and at an organisational level. Training around restraint/enablers and challenging behaviour has been provided.

Infection Prevention and Control

Surveillance is carried out in accordance with agreed objectives, priorities and methods and is specified in the infection control programme. The IC programme is monitored at Organisational level and benchmarking of infection rates occurs against facilities of similar type and size. The IC programme is linked with the Quality Management Programme. Quality Improvement initiatives are taken and recorded as part of continuous improvement.